

## DOCUMENT RESUME

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## ABSTRACT

Administrative Code 3301-27-01, revised in June 1995, replaces what was previously known as the sports medicine certification program. The revision changes requirements for individuals who supervise, direct, or coach a pupil activity program that involves athletes, routine/regular physical activity, or health and safety consideration as determined by the local board of education. Section 1, "For School Administration," lists responsibilities, those affected by the standard, two requirements, what is issued to the pupil activity supervisor, and steps to renew the pupil activity validation. Section 2, "For Pupil Activity First Aid Program Providers," lists the purpose, criteria, eligible providers, definition of terms, content requirements, the application to serve as a provider, submission of approval request form, reporting requirements, validation, evaluation, practically speaking, and provider responsibilities. The appendixes offer the application for providers of Ohio Department of Education Pupil Activity First Aid Programs, the program provider packet, the effective year grid, steps to obtain validation, information sheet (Ohio Department of Education pupil activity supervisor validation), and standard 3301-27-01. The Pupil Activity Standards Revision Committee is listed. (SM)

REQUIREMENTS TO OBTAIN A PUPIL ACTIVITY VALIDATION  
TO DIRECT, SUPERVISE, OR COACH A  
PUPIL ACTIVITY PROGRAM  
(3301-27-01)

GUIDELINES FOR SCHOOL ADMINISTRATION  
AND  
FIRST AID PROGRAM PROVIDERS

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## INTRODUCTION

Administrative Code 3301-27-01, revised June, 1995, is a replacement for what was previously known as the sports medicine certification program. The revision changes requirements for individuals who supervise, direct, or coach a pupil activity program that involves athletics, routine/ regular physical activity, or health and safety consideration as determined by the local board of education.

These changes affect pupil activity supervisors in three ways:

First, whereas the previous standard required that individuals show evidence of cardiopulmonary resuscitation training (CPR) at one time, the new standard requires individuals to document proof that they hold and maintain current CPR.

Second, whereas under the previous standard, a one year certificate was issued to the individual, the revised standard provides for a three year validation.

Third, whereas the previous standard required an initial six hour first aid training program followed by an annual three hour renewal, the new standard requires one four hour training program for an initial three year validation and a four hour training program for renewal of the three year validation. This requirement is met by successfully completing one of the following:

- 1) A four hour first aid training program approved by the Ohio Department of Education; OR
- 2) A comparable nationally recognized first aid training program approved by the Ohio Department of Education; OR
- 3) A comparable college/university course(s). The subject matter of the programs is based exclusively on the principal of first aid first response to better meet the needs of all pupil activity supervisors.

## **SECTION I: FOR SCHOOL ADMINISTRATION**

### **RESPONSIBILITIES...**

It is the responsibility of each city, exempted village, county, local school district or joint vocational school district to establish personnel qualifications for all student activity programs for which individuals will be employed. These qualifications must include:

1. Evidence of good moral character as established in administrative code 3301-20-01, and
2. Competence to perform the duties of the position. This includes:
  - (a) The ability to work effectively with pupils as documented by recent successful experience as determined by the board of education.
  - (b) Knowledge of the activity program as documented by:
    - Successful completion of a college or university course on the direction, supervision, or coaching of such activity program; OR
    - Successful experience as determined by the board of education, in such activity program.
  - (c) Knowledge of applicable rules and regulations established by the board of education.

### **THOSE AFFECTED BY THE STANDARD INCLUDE...**

Individuals who receive a supplemental contract to supervise, direct, or coach a pupil activity program which involves athletics, routine/regular physical activity, or health and safety considerations as determined by the local board of education are required to meet the standard.

**NOTE:** All coaches, paid or volunteer, shall meet these standards (administrative Code 3301-27-01) in order to be in compliance with Ohio High School Athletic Association by-laws.

### **TWO REQUIREMENTS THE PUPIL ACTIVITY SUPERVISOR MUST FULFILL...**

1. Hold and maintain documentation of completion of a currently valid cardiopulmonary resuscitation training course. The verification is presented by the individual to the local board of education.

2. Evidence of successful completion of ONE of the following within the last two years:

- (a) A four hour, first aid training course as approved by the Ohio Department of Education, OR
- (b) Nationally recognized first aid training programs that meet Ohio Department of Education guidelines. Currently approved:
  - National Federation Interscholastic Coaches Education Program (NFICEP) and American Red Cross Sport Safety Training, OR
- (c) A college or university course on health and safety of participants in a pupil activity program.

\*\*Holders of specific licenses, ie., medical doctors, doctors of osteopathy, registered nurses, emergency medical trainers, licensed athletic trainers/athletic trainers certified can meet the requirement upon submitting evidence of a current license and proof of recent first aid training within the last two years.

**ISSUED TO THE PUPIL ACTIVITY SUPERVISOR IS...**

A three year pupil activity validation which is processed upon submission of the application, fee as indicated on the application, and proof of completion of a program within the last two years. This validation extends for a three year period ending June 30 of the expiration year. The supervisor must indicate the effective year (July 1, 19--) on the application in order to cover the time period of the activity. Please see Appendix 5 for further explanation.

**NOTE:** Individuals who have had teaching certificates or licenses revoked or whose certificates are under administrative review will not be eligible for the validation.

**NOTE:** Program providers will give documentation to individuals verifying completion of the first aid program. However, employment is contingent upon holding the validation.

**TO RENEW THE PUPIL ACTIVITY VALIDATION...**

The individual must evidence successful completion of an approved first aid program as specified within the last two calendar years prior to the expiration date of the validation, and submit an application and fees to the Ohio Department of Education.

**NOTE:** The Ohio Department of Education, Division of Teacher Education and Certification, maintains files of both providers of first aid programs approved under (2)(a) and of persons who complete the approved program. When an individual applies for the three year validation under (2)(a), the validation is issued if the records show evidence of completion of an approved program.

## SECTION II: FOR PUPIL ACTIVITY FIRST AID PROGRAM PROVIDERS

### PURPOSE..

Completion of Ohio Department of Education approved Pupil Activity First Aid Training Programs, as required in (2)(a), is a means of documenting that an individual has met requirements pursuant to Administrative Code Section 3301-27-01. The curriculum of an approved four hour pupil activity first aid program is designed to be first aid, first response. The curriculum focuses on knowledge of first aid for a wide variety of pupil activity supervisors. Providers report to the Ohio Department of Education those persons who completed the program requirements, and the Department in turn maintains records of those individuals. Upon submission of an application to the Ohio Department of Education and a file record of program completion, the individual will qualify for a validation issued by the Ohio Department of Education which will be for a three year period through June 30 of the year of expiration.

### PUPIL ACTIVITY FIRST AID TRAINING PROGRAM CRITERIA...

Programs offered to meet Ohio Department of Education requirements for the pupil activity validation are to be designed to:

1. Meet the curriculum as specified for the Pupil Activity First Aid Training Program.
2. Meet the educational needs of the intended audience.
3. Have clear goals and learning outcomes.
4. Employ appropriate content, methods, and delivery systems.
5. Have effective learning assessment procedures.

### ELIGIBLE PROVIDERS...

Provider status is contingent upon compliance with the provisions set forth in these guidelines. The Ohio Department of Education shall approve a provider of pupil activity first aid programs on an annual basis (July 1 - June 30).

Providers of the pupil activity first aid programs include but are not limited to:

1. Professional associations and organizations
2. Colleges and universities
3. School Districts
4. For-profit Sports Medicine Centers
5. Private A.T.C./LAT
6. Hospitals and other health service organizations
7. State agencies

## **DEFINITION OF TERMS...**

**A.T.C.:** Nationally recognized athletic trainer certified by the National Athletic Trainer Association. The association is located at: 2952 Sternmons, Dallas, TX 75247.

**Approval Year:** July 1 - June 30.

**Approval Request Form:** Program plan submitted to seek approval from the Ohio Department of Education for pupil activity first aid training programs.

**Four Hour Program:** Program which provides four hours (240 minutes) of instruction pursuant to requirements in Ohio Department of Education guidelines.

**LAT:** Athletic trainer licensed by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. The address for this board is:

Vern. Riffe Center for Government and the Arts  
77 S. High St, 16th Fl.  
Columbus, OH 43266-0317  
Ph: (614) 466-3774

**Physician:** A doctor licensed to practice medicine and prescribe drugs in the State of Ohio. This includes doctors of medicine (M.D.) and doctors of osteopathy (D.O.).

**Program Provider:** Provider approved to offer programs for one fiscal year.

**Validation:** Documentation issued by the Ohio Department of Education to an individual who completes requirements for pupil activity first aid as reported by an approved provider and who submits an application and fees for validation.

## **CONTENT REQUIREMENTS...**

The pupil activity first aid program is four (4) hours in length, exclusive of registration, breaks, and meals. Speakers should be selected on the basis of their expertise in the specific, identified topic or component area. The minimum time involvement of a physician and/or an athletic trainer certified (A.T.C./LAT) is 120 minutes. With the exception of "Health and Safety", ALL TOPICS IN EACH AREA MUST BE COVERED.

**TOPICS****MINIMUM MINUTES**

Assessment of life threatening injuries ..... 30 minutes

Airway obstruction

Respiratory failure

Cardiac arrest

Cranial-Cerebral injury

Cervical injury

Heat injury

Assessment of non-threatening injuries ..... 30 minutes

Contusion

Fracture

Sprain

Strain

Dislocation

Injury Prevention ..... 30 minutes

Conditioning

Protective equipment

Taping technique

Injury Management ..... 30 minutes

Protection

Rest

Use of ice

Compression

Elevation

Health and Safety ..... 30 minutes

General topics that can included but are not limited to:

Nutrition

Drug enhancement supplements

Contagious and communicable diseases

Tobacco

Recognition of the drug impaired person

Function testing for return to activity

Legal concerns:

NOTE: The minimum time involvement of a physician and/or A.T.C./LAT certified is 120 minutes. Time segments meet minimum mandates; the time of each section can be increased to provide broader coverage of the topic.

**OHIO DEPARTMENT OF EDUCATION APPROVED PUPIL ACTIVITY FIRST AID  
TRAINING SEMINARS PROCEDURAL REQUIREMENTS...**

**STEP I - APPLICATION TO SERVE AS A PROVIDER OF PUPIL ACTIVITY FIRST AID  
TRAINING SEMINAR**

Applications must be submitted annually on a fiscal year basis (July 1 - June 30). Information provided on the application will help the Ohio Department of Education determine if the criteria set forth in Administrative Code Section 3301-27-01 are being met. When completing the application, agencies must establish evidence that they are experienced providers of first aid programs.

Providers approved to offer first aid programs will receive a copy of their application which will include their assigned provider number. Upon receipt of this provider notification, the provider will have authority to submit approval request forms to the Ohio Department of Education.

An annual fee in the amount of \$25.00 must accompany the application.

A check or money order may be made out to Ohio TEC.

## **STEP III - SUBMISSION OF PROGRAM APPROVAL REQUEST FORM**

Providers are approved to offer programs for one fiscal year and must submit an approval request form for each date, or series of dates, a seminar is scheduled. Program dates may be added any time through the year. The approval request form and the forms listed below must be submitted six weeks prior to the date of the first program.

**① Approval Request Form:**      **Part I - Identifying Information**  
**Part II - Reporting Information**  
**Part III - Program Information**

**② Curriculum grid which includes:**

Topics  
Number of minutes allotted  
Bibliography  
Teaching strategies

**③ List and credentials of presenters (M.D., D.O., A.T.C., LAT)**

**④ Promotional information that must include:**

Name and telephone number of contact person  
Title of seminar  
Date of seminar  
Requirement(s) for satisfactory completion of the seminar  
Seminar agenda including topics and name(s) and qualifications of presenter(s)  
Cost of seminar

**⑤ Compliance assurances:**

Program presenters will be from those on file with the Ohio Department of Education  
Two (2) hours of programs will be conducted by M.D., D.O., A.T.C., LAT  
Teaching strategies will be as identified  
Curriculum will be based on sources indicated  
Program will be publicized as specified in draft promotional information

Once approved, providers will receive a verification memo and directions on the process to report the names and social security numbers of each person who fulfilled the program requirements.

In addition, providers must give participants documentation of attendance that serves until such time that the validation is issued by the Ohio Department of Education.

## **REPORTING REQUIREMENTS...**

Providers must report participant information to the Ohio Department of Education within 10 days of program completion, using reporting procedures as specified by the Ohio Department of Education.

## **VALIDATION...**

A validation will be issued to an individual who has, 1) been reported by an approved provider as having fulfilled requirements of the first aid seminar, and 2) submitted a completed application for the Pupil Activity Validation and appropriate fees.

## **EVALUATION...**

Random on-site evaluation of programs may be conducted by the Ohio Department of Education as a means to assess individual programs as well as for evaluation of the functioning of the providees educational agency as a whole.

## **PRACTICALLY SPEAKING...**

### **Contact Time**

Is based on a 60 minute hour. Registration, breaks, lunch, and business meetings are not included in the tabulation of contact hours.

### **Provider Number**

- Should be referenced in all communications, written and telephone.
- Is assigned each fiscal year (July 1 - June 30).

**NOTE:** Those who do not attend the entire program or who in any way fail to comply with seminar standards are ineligible to receive credit for the program.

## PROVIDER RESPONSIBILITIES

- \* Submit seminars for approval according to Guidelines.
- \* Conduct seminars in accordance with guidelines, meeting minimum time frames and incorporating topics as specified.
- \* Assure that a physician and/or athletic trainer (A.T.C./LAT) is present for minimum time as specified.
- \* Publicize program and register participants.
- \* Report attendance within 10 days of completion of the program.
- \* Maintain records for a period of three years. Information retained must include, 1) Program Verification memo, and 2) Participant lists including names, addresses, and social security numbers.
- \* Retain letter authorizing approved provider status for two fiscal years.

Provide documentation to participants of attendance that serves until such time that the validation is issued by the Ohio Department of Education.

## **APPENDICES**

- 1.0 Application to be approved as a provider of Ohio Department of Education Pupil Activity First Aid Programs**
- 2.0 Program Provider Packet**
  - 2.1 Program Approval Request Form**
  - 2.2 Curriculum Grid**
  - 2.3 Program Provider Compliance Assurances**
- 3.0 Effective Year Grid**
- 4.0 Steps to Obtain Validation**
- 5.0 Information sheet...Ohio Department of Education Pupil Activity Supervisor Validation**
- 6.0 Standard 3301-27-01**

**Appendix 1.0**  
**APPLICATION**

Rev 1/99

**FOR PROVIDERS OF OHIO DEPARTMENT OF EDUCATION  
PUPIL ACTIVITY SUPERVISOR FIRST AID PROGRAMS**

**FORM MUST  
BE TYPED**  
Duplicate additional  
copies for future use

**Ohio Department of Education  
Pupil Activity Validation  
65 South Front Street, Room 416  
Columbus, Ohio 43215-4183**

**SUBMIT  
ORIGINAL  
DO NOT FAX**

**PART 1. IDENTIFYING INFORMATION**

A.	_____/_____		
Federal Tax Identification No.	County		
B.	_____/_____		
Applicant Agency	For which fiscal year are you applying?		
C.	_____/_____		
Mailing Address	City	State	Zip
D.	_____/_____		Telephone
Contact Person	Position		

**PART II. COMPLIANCE ASSURANCE**

Upon approval of this application, I assure the Ohio Department of Education, that the agency of which I am executive officer will comply with the provisions of Administrative Code 3301-27-01.

\_\_\_\_\_  
Chief Executive Officer, Applicant Agency

\_\_\_\_\_  
Date

**OHIO DEPARTMENT OF EDUCATION USE ONLY**

\_\_\_\_\_  
Approved, Pupil Activity Administrator, Ohio Department of Education

Approved Period \_\_\_\_\_ to June 30, \_\_\_\_\_

Ohio Department of Education Approved Pupil Activity Provider I.D. Number \_\_\_\_\_

### PART III. ELIGIBILITY INFORMATION

A. Describe how the first aid training relates to the applicant agency's mission or purpose:

---

---

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B. Number of years agency has been providing educational programs: \_\_\_\_\_

C. Document previous experience as a provider of first aid or other educational seminars. List not more than three previous training events including titles, dates and number of participants. Please include three references.

1. Previous Experience:

---

---

---

2. References: (Name, Agency, Address, Phone)

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To Process:

Mail completed application to the address indicated on the front.

Submit the annual application fee of \$25.00.

Check should be payable to: Ohio TEC

## Appendix 2.0

### PROGRAM PROVIDER PACKET

# PROGRAM APPROVAL REQUEST FORM

## PUPIL ACTIVITY FIRST AID PROGRAM

**FORM MUST  
BE TYPED**  
Duplicate additional  
copies for future use

**Ohio Department of Education  
Pupil Activity Validation  
65 South Front Street, Room 416  
Columbus, Ohio 43215-4183  
FAX: (614) 466-1999 PH: (614) 728-3482**

**SUBMIT FORM  
SIX WEEKS  
PRIOR TO  
PROGRAM**

**PART 1. IDENTIFYING INFORMATION**

A.			
	Provider Identification No.		
B.			
	Provider Agency Name		
C.			
	Mailing Address	/	/
	City	State	Zip
D.	Contact Person	/	/
		Position	Telephone

**PART II. REPORTING INFORMATION**

Providers must report participant information to the Ohio Department of Education within 10 days of program completion. Reporting may be done through accessing Internet or by creating a data disk.

**PART III. PROGRAM INFORMATION**

Program Date / Time	Program Site / City	Open to the Public ?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

List of Presenters and qualifications. It is from this list that presenters will be selected to conduct the first aid training programs.

**Attach:** 1. Completed curriculum grid  
2. Program provider Compliance Assurance Form  
3. Sample promotional material and/or agenda , which must include:

- Name and address of provider
- Name and telephone number of contact person
- Title of seminar
- Date of seminar and the location
- Requirement(s) for satisfactory completion of the seminar
- Cost of Program
- Agenda must include specific time frames, topic(s), and qualificaiton(s) of presenters

**Appendix 2.2**

**CURRICULUM GRID**

The pupil activity first aid program is four (4) hours in length, exclusive of registration, breaks, and meals. Speakers should be selected on the basis of their expertise in the specific, identified topic or component area. The minimum time involvement of a physician and/or an athletic trainer certified (A.T.C./LAT) is 120 minutes. With the exception of "Health and Safety", ALL TOPICS IN EACH AREA MUST BE COVERED.

CONTENT	MIMIMUM TIME / PRESENTER(S)	BIBLIOGRAPHY	INDICATE THE TEACHING STRATEGY
<b>ASSESSMENT OF LIFE THREATENING INJURIES</b> TOPICS: airway obstruction, respiratory failure, cardiac arrest, cranial cerebral injury, cervical injury, heat injury.	30 Minutes Provider time allotment: _____  Presenter(s)		<input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Video <input type="checkbox"/> Hands on application <input type="checkbox"/> Handouts <input type="checkbox"/> Other: List -
<b>ASSESSMENT OF NON-LIFE THREATENING INJURIES</b> TOPICS: assessment of contusion, fracture, sprain, strain, dislocation	30 Minutes Provider time allotment: _____  Presenter(s)		<input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Video <input type="checkbox"/> Hands on application <input type="checkbox"/> Handouts <input type="checkbox"/> Other: List -
<b>INJURY PREVENTION</b> TOPICS: conditioning protective equipment taping technique	30 Minutes Provider time allotment: _____  Presenter(s)		<input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Video <input type="checkbox"/> Hands on application <input type="checkbox"/> Handouts <input type="checkbox"/> Other: List -

**Appendix 2.2**

**CURRICULUM GRID**

CONTENT	MINIMUM TIME/ PRESENTER(S)	BIBLIOGRAPHY	INDICATE THE TEACHING STRATEGY
<b>INJURY MANAGEMENT</b>	<p>30 Minutes</p> <p>Provider time allotment: _____</p> <p>Presenter(s)</p>		<p>Lecture  <input type="checkbox"/> Discussion  <input type="checkbox"/> Video  <input type="checkbox"/> Hands on application  <input type="checkbox"/> Handouts  <input type="checkbox"/> Other: List -</p>
<b>HEALTH AND SAFETY</b>	<p>30 Minutes</p> <p>Provider time allotment: _____</p> <p>Presenter(s)</p>	<p>General topics which shall include topics such as:</p>	<p>Lecture  <input type="checkbox"/> Discussion  <input type="checkbox"/> Video  <input type="checkbox"/> Hands on application  <input type="checkbox"/> Handouts  <input type="checkbox"/> Other: List -</p>

## Appendix 2.3

### OHIO DEPARTMENT OF EDUCATION PUPIL ACTIVITY VALIDATION

#### 3301-27-01 Qualifications to direct, supervise, or coach a pupil activity program PROGRAM PROVIDER COMPLIANCE ASSURANCES

Provider name \_\_\_\_\_,

Provider number \_\_\_\_\_, herein assures that the first-aid program will

be conducted in accordance with documentation in materials submitted. Specifically,

- ◊ Programs will be conducted by presenters as submitted.
- ◊ Two hours of each program will be conducted by M.D., D.O., A.T.C., LAT
- ◊ Curriculum will be adhered to as submitted.
- ◊ A variety of teaching strategies will be utilized as submitted.
- ◊ Programs will be publicized as specified in the draft promotional information.

\_\_\_\_\_ (initials)

\_\_\_\_\_ (initials)

\_\_\_\_\_ (initials)

\_\_\_\_\_ (initials)

\_\_\_\_\_ (initials)

Failure to comply with these assurances may result in the loss of approved provider status

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

OHIO DEPARTMENT OF EDUCATION USE ONLY

Said provider is approved to be a multi-program provider for the time period:

\_\_\_\_\_  
Assigned provider number \_\_\_\_\_

Approved, Pupil Activity Administrator, Ohio Department of Education

## Appendix 3.0

## EFFECTIVE YEAR GRID

EXAMPLE:	What academic year must the validation cover?	<u>Effective Year</u>	To renew a validation which expires . . .		First aid course must be taken after . . .
			July 1, 1999	2000	
Football coach takes a program August 15, 1999, to cover autumn season.	X			June 30, 2002	July 1, 2000
Baseball coach takes a program January 10, 2000, to cover Spring 00 season.	X			June 30, 2002	July 1, 2000
Theater director takes a program December 15, 1999 to cover practice for play scheduled March 30, 2000.	X			June 30, 2002	July 1, 2000
Band director takes a program August 20, 2000, to cover band activities for that academic year.	X			June 30, 2003	July 1, 2000
Cheerleading advisor takes a program April 30, 2000 to cover July practice and autumn season.	X			June 30, 2003	July 1, 2001

APPENDIX 4.0

WHAT STEPS MUST ONE TAKE TO OBTAIN THE VALIDATION?

SUBMIT ONE TO THE OHIO DEPARTMENT OF EDUCATION:				
If meeting requirements through:	Copy of Official Card	Copy of License	Official Transcript	Application for Pupil Activity Validation
Nationally Recognized First Aid Program	X			X
Ohio Department of Education Pupil Activity Program * *				X
Academic Credit				X
Medical License				X

\* \* If choosing to fulfill the requirement through the Ohio Department of Education Pupil Activity Program, the program provider must submit documentation of program completion.

## **Appendix 5.0**

### **For Your Information**

#### **OHIO DEPARTMENT OF EDUCATION PUPIL ACTIVITY FIRST AID VALIDATION**

##### **What is a pupil activity validation?**

The pupil activity validation replaces what was previously known as the sports medicine certificate. The validation is required for those individuals who receive a supplemental contract to supervise, direct, or coach a pupil activity program which involves athletics, routine/regular physical activity, or health and safety considerations as determined by the local board of education.

##### **How do I qualify for the validation?**

Individuals qualify upon evidence of successful completion of ONE of the following:

1. A four hour first aid training course approved by the Ohio Department of Education,  
OR
2. A nationally recognized first aid training program that meets Ohio Department of Education guidelines (American Red Cross/American Sport Education Program), OR
3. A college or university course on the health and safety of participants in a pupil activity program as documented with a course(s) syllabus(i) and official transcript.

##### **How do I obtain the validation from the Ohio Department of Education?**

A validation will be issued to the individual when the program provider submits documentation that the participant has completed the Ohio Department of Education approved first aid program within the previous two years and upon receipt from the individual of an application and fee in the amount of \$15.00.

##### **What is the effective period of the validation?**

The validation is issued for a three year period, effective beginning July 1, and ending June 30. To renew the validation, an individual must evidence successful completion of an approved first aid program within the last two years prior to the expiration date of the validation.

**How do I know which effective year to request on the application?**

EXAMPLE:	What academic year must the validation cover?		To renew a validation which expires...	First aid course must be taken after...
	<u>Effective Year</u>	July 1, 1999      2000		
Football coach takes a program August 15, 1999, to cover autumn season.	X		June 30, 2002	July 1, 2000
Baseball coach takes a program January 10, 2000, to cover Spring 00 season.	X		June 30, 2002	July 1, 2000
Theater director takes a program December 15, 1999 to cover practice for play scheduled March 30, 2000.	X		June 30, 2002	July 1, 2000
Band director takes a program August 20, 2000, to cover band activities for that academic year.		X	June 30, 2003	July 1, 2000
Cheerleading advisor takes a program April 30, 2000 to cover July practice and autumn season.		X	June 30, 2003	July 1, 2001

**Are there any other requirements that pupil activity supervisors must meet?**

Yes, supervisors must hold and maintain documentation of completion of a currently valid cardiopulmonary resuscitation training course (CPR). This documentation is presented to the local board of education.

**How does an individual know about approved first aid programs?**

Individuals may contact the Ohio Department of Education for a listing of programs. Inquiries may be directed to:

Ohio Department of Education  
Pupil Activity Validation  
65 South Front Street, Room 416  
Columbus, Ohio 43215-4183

## **Appendix 6.0**

### **3301-27-01 Qualifications to direct, supervise or coach a pupil activity program.**

The board of education of any city, exempted village, county, local district or joint vocational school district upon recommendation of its superintendent may employ, pursuant to applicable law, an individual to direct, supervise, or coach a pupil activity program defined in 3313.53 or the Revised Code as a program that does not include any class or course required or offered for credit toward a pupil's promotion to the next grade or for graduation, or any activity conducted as a part of or required for such a class or course provided such individual meets the following qualifications:

- (A) If non-certified, the individual must meet the requirements of rule 3301-20-01 of the Administrative Code.
- (B) Whether certified or non-certified, the individual is competent to direct, supervise, or coach a pupil-activity program as evidenced by:
  - 1. The ability to work effectively with pupils as documented by recent successful experience as determined by the board of education.
  - 2. Knowledge of the activity program as documented by:
    - (a) Successful completion of a college or university course on the direction, supervision, or coaching of such activity program, OR
    - (b) Successful experience as determined by the board of education, in such activity program.
  - 3. Knowledge of applicable rules and regulations established by the board of education.
- C) Whether certified or non-certified, the individual who supervises, directs, or coaches a pupil activity program which involves athletics, routine/regular physical activity, or health and safety considerations as determined by the local board of education shall hold and maintain a currently valid cardiopulmonary resuscitation training course certificate as determined by the employing board of education; and
- (D) Whether certified or non-certified, the individual who supervises, directs, or coaches a pupil activity program which involves athletics, routine/regular physical activity, or health and safety considerations as determined by the local board of education shall hold a pupil activity validation issued by the Ohio Department of Education. The validation shall be effective upon issuance for three year period through June thirtieth of the year of expiration. Such validation is issued upon evidence of successful completion of :

1. A nationally recognized first aid training program as designated on the approved list provided by the Ohio Department of Education, OR
2. A first aid training course as approved by the Ohio Department of Education and conducted pursuant to guidelines referenced in paragraph (E) of this rule, OR
3. A college or university course on the health and safety of participants in a pupil activity program as approved by the Ohio Department of Education.

(E) Whether certified or non-certified, the individual evidences completion of a four hour first aid training course as required under (D)(2) of this rule and offered by a provider approved by the Ohio Department of Education.

1. A licensed doctor of medicine or doctor of osteopathy and/or a national athletic association certified athletic trainer or an Ohio licensed athletic trainer must conduct a minimum of one hundred twenty minutes within the four hour program.
2. The approved program shall provide for the following:
  - (a) Assessment of life threatening injuries. A minimum of thirty minutes shall be dedicated to assessment of life threatening injuries which shall include at least the following topics: airway obstruction, respiratory failure, cardiac arrest, cranial cerebral injury, cervical injury, and heat injury.
  - (b) Assessment of non-life threatening injuries. A minimum of thirty minutes shall be dedicated to assessment of non-life threatening injuries which shall include at least the following topics: assessment of contusion, fracture, sprain, strain, and dislocation.
  - (c) Injury prevention. A minimum of thirty minutes shall be dedicated to injury prevention which shall include at least the following topics: conditioning, protective equipment, and taping technique.
  - (d) Injury management. A minimum of thirty minutes shall be dedicated to injury management which shall include at least the following topics; protection, rest, use of ice, compression, and elevation.
  - (e) Health and safety. A minimum of thirty minutes shall be dedicated to general topics which shall include topics such as: nutrition, drug enhancement supplements, contagious and communicable diseases, tobacco, recognition of the drug impaired athlete, functional testing for return to the activity, and legal concerns.

(F) An individual may renew the pupil activity validation upon evidence of successful completion of paragraph (D)(1),(D)(2),(D)(3) of this rule taken within the last two calendar years prior to request for renewal of the validation.

## Pupil Activity Standards Revision Committee

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**U.S. DEPARTMENT OF EDUCATION**  
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